

Exhibit A

- PTO Post Card Receipt dated July 31, 2001 for filing of new application (WO 02/10453)
- Transmittal Letter to the U.S. Receiving Office
- PCT Request
- PCT Fee Calculation Sheet
- Compact Disc Transmittal Form for Submission of Sequence Listing

PLEASE STAMP AND RETURN TO SHOW RECEIPT OF:

New PCT INTERNATIONAL APPLICATION of: GENE LOGIC, INC.

Title: MOLECULAR TOXICOLOGY MODELING

ATTN: BOX PCT

- | | |
|---------------------------------------------------------------------------------------|---------------|
| 1. US/RO Transmittal Letter - | 1 sheet |
| 2. PCT Request Form 101 - | 6 sheets |
| 3. Fee Calculation Sheet (w/authorization
to charge the Deposit Account 50-0310) - | 1 sheets |
| 4. Specification - | 232 sheets |
| 5. Claims - | 6 sheets |
| 6. Abstract - | 1 sheet |
| 7. Sequence Listing in CD-ROM | 4 CD's copies |
| 8. Compact Disk Transmittal Form | 1 sheet |

Dated: 31 July 2001

Attorney Docket No.: 44921-5038WO

Attorney: MST/ws



DOCKETED
By SB Date 8/1

**TRANSMITTAL LETTER TO THE
UNITED STATES RECEIVING OFFICE**

Date	31 July 2001
International Application No.	
Attorney Docket No.	44921-5038WO

I. Certification under 37 CFR 1.10 (if applicable)

Express Mail mailing number	SEP 29 2006	Date of Deposit
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I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of person mailing correspondence	Typed or printed name of person mailing correspondence
--------------------------------------------	--------------------------------------------------------

II. ☒ New International Application

TITLE	MOLECULAR TOXICOLOGY MODELING	Earliest priority date (Day/Month/Year)
		31 July 2000

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. ☐ The invention disclosed was **not** made in the United States.
- B. ☐ There is no prior U.S. application relating to this invention.
- C. ☒ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority).

application no.	60/222,040	filed on	31 July 2000
application no.		filed on	

- D. ☐ The present international application ☐ is identical ☐ contains less subject matter than that found in the prior U.S. application(s) identified in paragraph C.
- E. ☐ The present international application ☒ contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages throughout and ☒ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

III. ☐ A Response to an Invitation from the RO/US. The following document(s) is (are) enclosed:

- A. ☐ A Request for An Extension of Time to File a Response
- B. ☐ A Power of Attorney (General or Regular)
- C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

- D. ☐ Submission of Priority Documents

Priority document		Priority document	
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- E. ☐ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

IV. ☐ A Request for Rectification under PCT 91 ☐ A Petition ☐ A Sequence Listing Diskette

- V. ☒ Other (please specify):** Sequence Listing in CD-ROM form
4 Copies

The person signing this form is the:	<input type="checkbox"/> Applicant	Michael S. Tuscan
	<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.) 43,210	Typed name of signer
	<input type="checkbox"/> Common Representative	Signature <i>Michael S. Tuscan</i>

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	44921-5038WO

Box No. I TITLE OF INVENTION MOLECULAR TOXICOLOGY MODELING	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GENE LOGIC, INC. 708 Quince Orchard Road Gaithersburg, Maryland 20878 United States of America	Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MENDRICK, Donna 29112 Ridge Road Mount Airy, Maryland 21771 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) TUSCAN, Michael S. MORGAN, LEWIS & BOCKIUS LLP 1800 M Street, NW Washington, DC 20036 United States of America	Telephone No. 202.467.7000 Facsimile No. 202.467.7258 Teleprinter No. Agent's registration No. with the Office 43,210
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not to be included in the request.

<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>PORTER, Mark W. 13007 Vaden Terrace Germantown, Maryland 20876 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>State (that is, country) of nationality: US</p>	<p>State (that is, country) of residence: US</p>
--------------------------------------------------------	------------------------------------------------------

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>JOHNSON, Kory R. 10444 Parthenon Ct. Bethesda, Maryland 20817</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>State (that is, country) of nationality: US</p>	<p>State (that is, country) of residence: US</p>
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This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>CASTLE, Arthur L. 2800 Quebec Street #822 Washington DC 20008 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>State (that is, country) of nationality: US</p>	<p>State (that is, country) of residence: US</p>
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This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>ELASHOFF, Michael R. 11124 Yellow Leaf Way Germantown, Maryland 20876 United States of America</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>State (that is, country) of nationality: US</p>	<p>State (that is, country) of residence: US</p>
--------------------------------------------------------	------------------------------------------------------

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES*Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

- | | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GD Grenada | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

Supplemental Box*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. If, in any of the Boxes, except Boxes Nos VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;

- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

- (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

Continuation of Box No. VI:

Item 5:

22 May 2001 (22/05/01); 60/292,336; US

Item 6:

6 June 2001 (06/06/01); 60/295,798; US

Item 7:

13 June 2001 (13/06/01); 60/297,457; US

Item 8:

19 June 2001 (19/06/01); 60/298,884; US

Item 9:

9 July 2001 (09/07/01); 60/303,459; US

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 31 July 2000 (31/07/01)	60/222,040	US		
item (2) 2 November 2000 (2/11/00)	60/244,880	US		
item (3) 11 May 2001 (11/05/01)	60/290,029	US		
item (4) 15 May 2001 (15/05/01)	60/290,645	US		
item (5) 22 May 2001 (22/05/01)	60/292,336	US		

☒ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☒ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☒ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/ .EP.....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) the following number of sheets in paper form:				
request (including declaration sheets)	: 6	1. <input checked="" type="checkbox"/> fee calculation sheet	:	1
description (excluding sequence listing part)	: 232	2. <input type="checkbox"/> original separate power of attorney	:	
claims	: 6	3. <input type="checkbox"/> original general power of attorney	:	
abstract	: 1	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:	
drawings	:	5. <input type="checkbox"/> statement explaining lack of signature	:	
Sub-total number of sheets	: 245	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:	
sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below)	:	7. <input type="checkbox"/> translation of international application into (language):	:	
Total number of sheets	: 245	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	
(b) sequence listing part of description filed in computer readable form		9. <input checked="" type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))		
(i) <input checked="" type="checkbox"/> only (under Section 801 (a)(i))		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)		
(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801 (a)(ii))		(ii) <input checked="" type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		4
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column		
CD-ROM		10. <input checked="" type="checkbox"/> other (specify): Transmittal sheet and receipt		2
Figure of the drawings which should accompany the abstract:		Language of filing of the international application:		ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


Michael S. Tuscan

For receiving Office use only		2. Drawings:	
1. Date of actual receipt of the purported international application:		<input type="checkbox"/> received:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		<input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent): ISA/		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

Date of receipt of the record copy by the International Bureau:

For International Bureau use only

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

44921-5038WO

Applicant
GENE LOGIC, INC. et al

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 240.00 **T**

2. SEARCH FEE 846.00 **S**

International search to be carried out by **EP**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } **245**
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

b1 first 30 sheets 382.00 **b1**
b2 **215** x **9.00** = **1,935.00** **b2**
number of sheets fee per sheet

b3 additional component (only if sequence listing part of description
is filed in computer readable form under Section 801(a)(i), or both
in that form and on paper, under Section 801(a)(ii)):
400 x **9.00** = **3,600.00** **b3**
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B **5,917.00** **B**

Designation Fees

The international application contains **ALL** designations.
6 x **82.00** = **492.00** **D**
number of designation fees amount of designation fee
payable (maximum 6)

Add amounts entered at B and D and enter total at I **6,409.00** **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the

4. FEE FOR PRIORITY DOCUMENT (if applicable) **135.00** **P**

5. TOTAL FEES PAYABLE **7,630.00**

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge ☐ postal money order ☐ cash ☐ coupons
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.

☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ **US**

Deposit Account No.: **50-0310**

Date: **31 July 2001**

Name: **Michael S. Tuscan**

Signature: *Michael S. Tuscan*

COMPACT DISC TRANSMITTAL FORM
FOR SUBMISSION OF SEQUENCE LISTING TO
THE UNITED STATES RECEIVING OFFICE UNDER
PCT ADMINISTRATIVE INSTRUCTIONS - PART 8

For Receiving Office Use Only

International Application Number

For Receiving Office Use Only

For Receiving Office Use Only

Date of transmission back to applicant

Date of receipt in RO/US

CDs received

INTERNATIONAL APPLICATION DATA

Name of Applicant: GENE LOGIC, INC.

Applicant's or Agent's File Reference Number: 44921-5038W0

Title of Invention: MOLECULAR TOXICOLOGY MODELING

APPLICANT'S CONTACT INFORMATION

Name of Contact: Michael S. TUSCAN

Telephone Number: 202.467.7000

Facsimile Number: 202.467.7258

SEQUENCE LISTING FILE ON CD

Name of File (as per CD directory): g15038W0

Size of File (in bytes or kilobytes): 2,111,446 bytes

Date of File (as per CD directory): 7/27/01

STATEMENT

I hereby certify that the four copies of the Sequence Listing submitted herewith are identical.

Signature of Applicant, Agent, or Common Representative: Michael S. Tuscan

Name of Person Signing: Michael S. TUSCAN

For Receiving Office Use Only

ACKNOWLEDGEMENT OF RECEIPT OF FILES ON COMPACT DISC

The Sequence Listing file identified on this Compact Disc Transmittal Form was received by the RO/US and tested on a USPTO computer with the following results.

COPY 1:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
COPY 2:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
COPY 3:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING
CRF:	<input type="checkbox"/> READABLE	<input type="checkbox"/> UNREADABLE	<input type="checkbox"/> MISSING

(name of tester)

(date)

If one or more copies of the Sequence Listing file is indicated as "UNREADABLE" or "MISSING" above:

- ☐ Applicant must file _____ replacement copies along with a statement that the replacement copies contain no new matter within _____ days from the transmission date of this Acknowledgement.
- ☐ The RO/US will produce the necessary replacement copies. Applicant must pay a service charge of \$ _____ within _____ month(s) from the transmission date of this Acknowledgement.